





# HARVARD MEDICAL ALUMNI BULLETIN

The Children's Hospital and the Infants' Hospital

*by Kenneth D. Blackfan, M.D.*

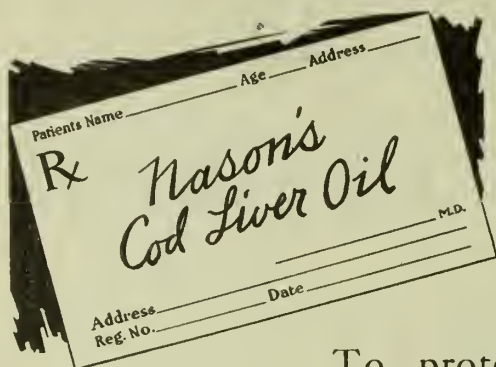
Alumni Activities in Hartford

*by John A. Wentworth, M.D.*

Celebration for Dr. Cannon



*November, 1931*

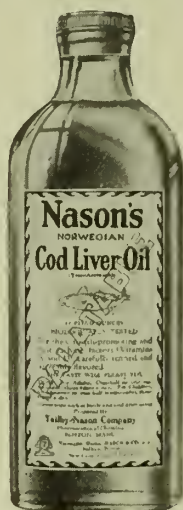


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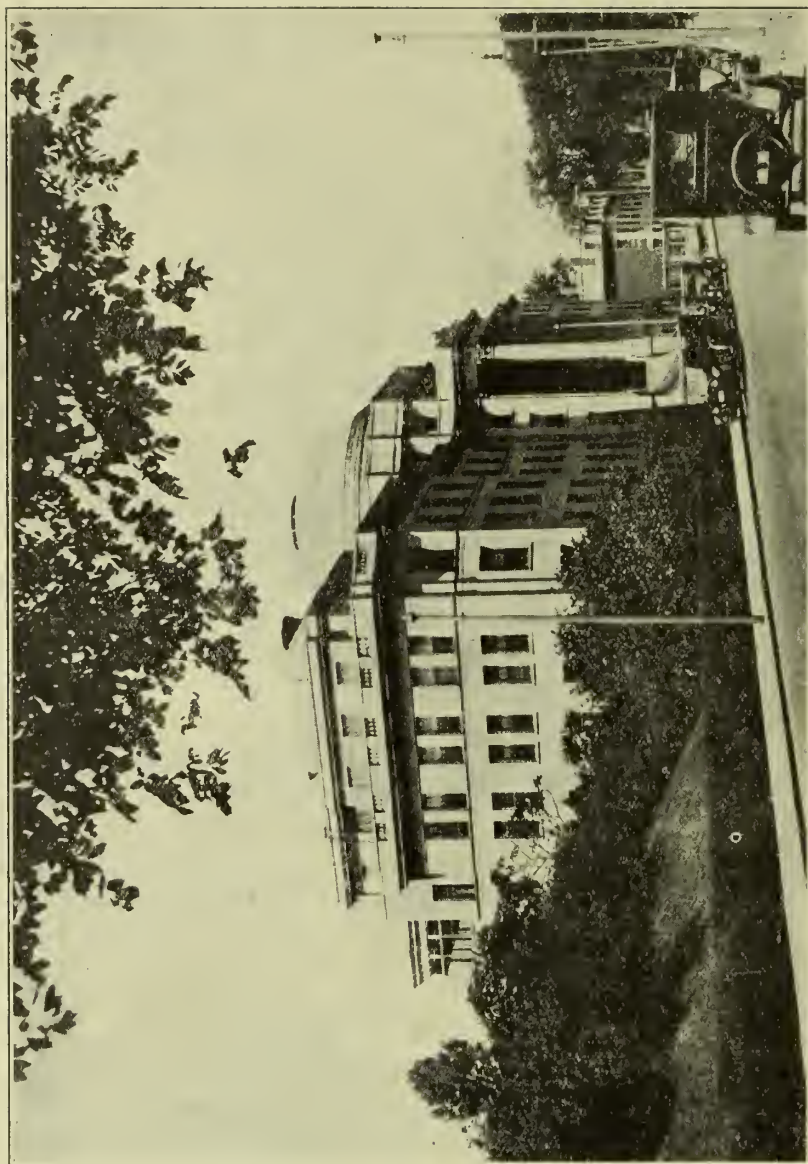
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The Administration Building and Private Wards of the Children's Hospital



## The Children's Hospital and The Infants' Hospital, Boston, Mass.

*By Kenneth D. Blackfan, M.D.*

THE Children's Hospital and the Infants' Hospital of Boston have given, for many years, signal service in healing children and in saving their lives. Though the bulk of their work is done for the children of Boston, they receive patients from all over New England, from every State in the Union, from Canada, and from countries beyond the sea. No bar of race, creed, or color has ever been set, nor has ability to pay been a necessary requirement for admission. Children from the homes of the poor and the moderately well-to-do have received care at the hands of the same trained physicians as serve the children of the rich. As long as room can be found, a sick child is given all that medical science and human kindness can do to bring it health and happiness.

Since many conditions and diseases of childhood are the forerunners of permanent disabilities and disease tendencies of adult life, the services rendered are a contribution to the health of the whole nation. For, to establish health in a child and to train it in habits of proper hygiene is to safeguard the well-being of a future citizen. To halt an insidious disease at the time of its first onslaught is to make possible a useful and productive life for one who might otherwise become a social and economic liability.

The Children's Hospital of Boston, one of the first institutions in this country to recognize diseases of children as a field separate from diseases of adults, was incor-

porated in 1869 and provision for the care of about twenty patients was arranged in a "neat and commodious" house at 9 Rutland Street. The next year, 1870, as the house was "crowded to capacity with patients," the managers secured by lease a larger house at 1429 Washington Street, on the corner of Rutland Street. There the treatment of sick children was continued until 1882, when the patients were moved to Huntington Avenue, where a new hospital for children, designed "according to the best plans that experience and skill could suggest," had been built.

In 1911, having completed almost fifty years of successful service to sick children, a campaign was launched to secure funds for a new and more modern hospital. The Harvard Medical School, shortly before this time, had moved to its present location, and, as it was considered of mutual advantage to bring together the laboratories of the medical school and the clinical facilities of the hospital, the new buildings were erected on Longwood Avenue adjacent to the Medical School. This hospital was opened to the public in 1914.

The Children's Hospital had only a few beds for infants, so facilities for the medical care of infants under two years of age were limited until the West End Nursery Society was incorporated. In 1881, a hospital department was formed and the name was changed to the West End Nursery and Infants' Hospital. The growth of the institution was as rapid as that of the Children's Hospital, and in 1914 a new Infants' Hospital was built on land adjacent to the Harvard Medical School and directly behind the Children's Hospital. The

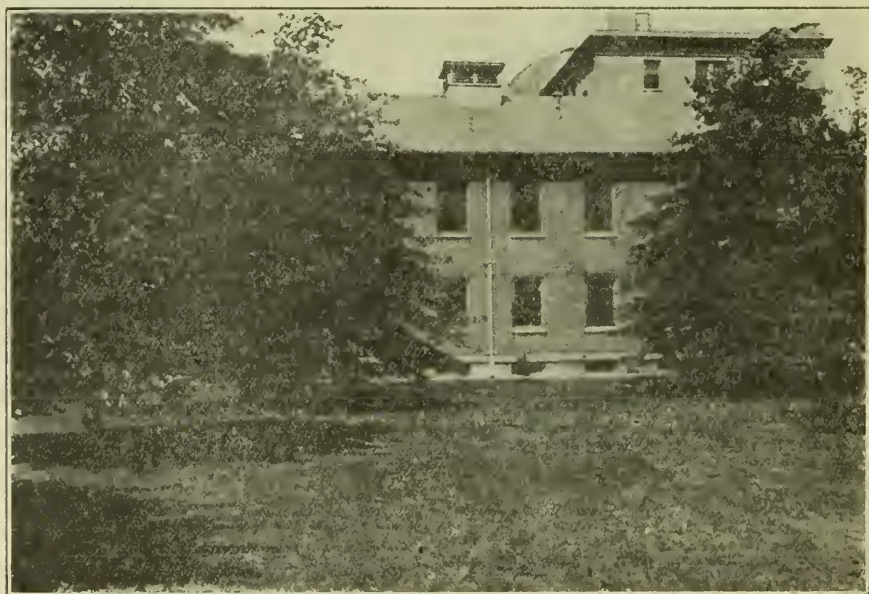
In the compilation of this article, the writer wishes to acknowledge that he has drawn freely from the past and present publications of the hospitals.

funds for this hospital were given in memory of Thomas Morgan Rotch, Jr., the son of the first Professor of Pediatrics at the Harvard Medical School. In 1920, Harvard University purchased this building for its School of Public Health, and the Infants' Hospital erected a two-story building, complete within itself, for the medical care of infants, on grounds leased from the Children's Hospital. This new hospital is called the "Thomas Morgan Rotch, Jr., Memorial Building."

Since 1923, the Children's Hospital and the Infants' Hospital have functioned as a single unit, but are separate corporations, each raising its own funds and managed by its own board of managers. Likewise each hospital has retained separate and distinct organizations composed of ladies who, by their earnest zeal and efficient coöperation, contribute generously toward promoting the best interests of the hospitals and the comfort and happiness of the patients. It is interesting to note that the Ladies' Aid Association, later changed to the Managers of the Convalescent Home of the Children's Hospital, in Wellesley, came into ex-

istence almost simultaneously with the organization of the hospital, in 1869; and the Ladies' Aid Association of the Infants' Hospital was formed at the time of its inception in 1881. The Welfare Committee, which was organized in 1920, is now active in carrying forward these most important activities of the Children's Hospital, while the interests of the Infants' Hospital are supported in like manner by its Ladies' Aid Association. The Convalescent Home of the Children's Hospital, in Wellesley, founded in 1875, although a separate organization, serves as a clearing house for both hospitals. With this provision for the care of patients, the hospital beds are freed for the acutely ill, and many patients who without these added weeks at the Home might shortly be seeking readmission do not need to do so.

The two hospitals are directed by the same superintendent, the School of Nursing is in charge of the same supervisor, and the social service activities are under the guidance of the same director. The chiefs of the pediatric, surgical, and orthopedic divisions of the hospitals, and many of their



The Research Laboratory





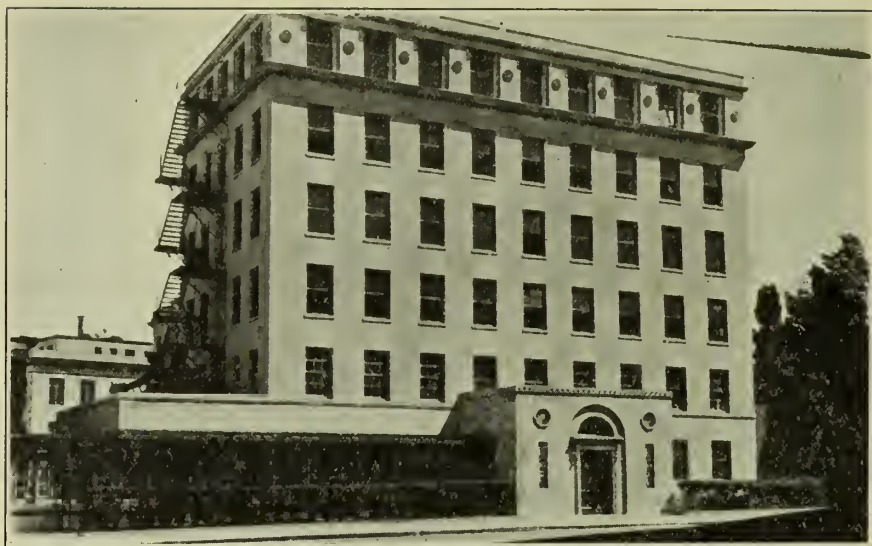
Gardner House—School of Nursing. Corner of Vila Street and Longwood Avenue

associates hold academic positions in the respective departments of the Harvard Medical School. Likewise, the Professors of Pathology, Physiology, Biochemistry, and Bacteriology of the Harvard Medical School are active members of the staff of the hospitals. The majority of the members of the staff are engaged in active practice, being associated with the hospitals and with the school on a part-time basis. The director of the Pediatric Division and a few of his associates are on the full-time basis, serving with the privilege of a limited number of consultations.

In the years following the opening of the new Children's Hospital on Longwood Avenue in 1914, the work in the various departments grew with remarkable rapidity, and it was not very long before both temporary and permanent changes and rearrangements were necessary in order that the activities of the hospital might not be retarded. For instance, the need for quarters for private patients became so apparent that Vose House, the nurses' home, was rearranged as a private ward. Provision for

the nurses was made by the purchase of a small family hotel at the corner of Longwood and Huntington Avenues. As mentioned above, the Children's Hospital entered into an arrangement of mutual benefit with the Infants' Hospital, and in 1923 the new building for the medical care of infants was opened.

In 1922, a new Laboratory Building to meet the increased needs of the research undertakings of the Pediatric Department was erected on the hospital grounds. In 1925, this building, which was originally a one-story structure, was extended by an additional story, and now contains complete equipment for the study of the diseases of children. The major part is used for investigation of disorders of metabolism by the methods of chemistry. There is also a well-equipped laboratory for research in hematology and a group of rooms devoted to the study of infectious diseases. In this building there is a central bacteriological and immunological laboratory for the work of the private and public wards. This, conducted in coöperation with the Professor



Bader Building. Corner of Van Dyke and Vila Streets

of Bacteriology of the Harvard Medical School, is so organized as to cover all needs of the hospitals for the more routine laboratory tests as well as the more specialized diagnostic and therapeutic measures. A unique feature of the laboratory building, deserving description, is a large and very beautiful room known as the Laboratory Study, a memorial gift "for study and reflection, with the hope thereby to facilitate discoveries helpful to the healing of children." The room contains journal sets and books, both clinical and scientific, and provides a most helpful retreat for the laboratory workers, for meditation and studious appraisalment of their problems. Unquestionably, it serves to increase the effectiveness of their research attempts.

By 1927 it again became apparent that many departments of the Children's Hospital were over-crowded and that to keep in step with the progress of modern times again more space was needed. The Board of Managers therefore appointed a special committee to inquire into the immediate as well as future needs of the hospital. This committee, working with the Superintendent of the hospital, the Medical Staff,

and the Superintendent of Nurses, after many months of study, reported that conditions in the Out-Patient, the Orthopedic Surgical, the Surgical, the Pathological, the Nose and Throat, and in the Roentgenological Departments, demanded expansion and more modern facilities. It was pointed out that adequate provision must be made for the School of Nursing. The small family hotel at the corner of Huntington and Longwood Avenues had long been outgrown and the separate buildings on Longwood Avenue which were being used for this purpose were not only unsuitable for nurses but were desired for other purposes. Modern facilities for the care of patients with communicable diseases were lacking. Such a unit was essential not alone to render service to the sick children developing these diseases within the hospital wards, but to be in keeping with the spirit of a teaching hospital for graduate nurses and medical students, and for investigation and study. Suitable quarters for the resident staff likewise were required. Also more room was needed as the direct result of the increasing activities and the great changes in point of view of medical

problems, for administrative offices, the housing of employees, and so forth. Fortunately the hospital was constructed with vision and foresight so that many of these changes could be made easily, by a general rearrangement of space within the hospital itself. But some of the recommendations required the erection of new buildings.

The report of this Special Committee, calling for an expenditure of about \$1,500,000 for the remodeling of old buildings and the construction of new buildings, was accepted. Another committee was immediately appointed to study ways and means of raising the money. The Building Fund Campaign was initiated in the fall of 1928, and came to a successful conclusion on May 15, 1929, with a total amount of cash and pledges of just over \$1,450,000.

The new buildings which have been constructed are the Gardner House, the Bader Building, the Ida C. Smith Surgical Ward, and the Pathological and Isolation Unit.

The Gardner House is the nurses' residence. It is on Longwood Avenue, opposite the main hospital, but is connected by an under-ground passageway. It has accommodations for 226 nurses. Each nurse has a single room. There are also comfortable living rooms, adequate class rooms, and a nurses' infirmary. A brief resumé in respect to the School of Nursing may be of interest. It ranks among the outstanding training schools in childrens' hospitals in this country. A basic course in nursing with a major in Pediatrics is provided. The enrollment is 120 students. In addition to its own School of Nursing, it provides affiliation for a three month's course in pediatrics to student nurses from nine other schools of nursing. One hundred thirty-five students received the benefit of this instruction during the past year.

In the Bader Building, on the corner of Van Dyke and Vila Streets and connected with the main hospital building, there are available commodious facilities for physiotherapy, together with accommodations for

the study of special neurological problems. The first and second floors are almost ideally arranged for quiet muscle training and corrective exercise work, and for the first time in Massachusetts, the large pool on the first floor has made possible the water-tank treatment of both the early and the late stages of infantile paralysis. The improvement in morale and the sheer joy which these children exhibit when exercising in the large pool of sterile warmed water is an amazing and happy sight. In addition, the building affords offices for close coöperation between the Harvard Infantile Paralysis Commission and the Department of Physical Therapy of the Boston Children's Hospital. This coöperation is essential to the unique service which these two groups are able to render to their appealing patients. The third floor of the building has been set aside for future expansion and at present is not in use except for the follow-up treatment of patients after recovery from the acute stages of poliomyelitis. This plan of study is being carried out, with the Drinker Respirator, in a group of patients who have had respiratory paralysis. The sixth or top floor has been equipped with apparatus so as to afford sunlight and artificial lamp treatment in summer and winter and on clear and cloudy days.

The neurological unit occupies the fourth and fifth floors of the Bader Building. The aims and methods of this new experiment are unusual in hospitals. We have all been aware that medical supervision of chronic neurological disorders in children was inadequate. Children suffering from these disorders need rigid psychological appraisal and appropriate educational direction as well as intelligent medical supervision. Here facilities have been arranged for continuous observation of twenty patients under relatively normal living conditions. On one floor is a dormitory with isolation rooms and a few private rooms. Each child has a locker and is taught to care for his or her belongings. Adequate toilet facilities are provided for the train-





The Isolation Pavilion, from Van Dyke Street. (1st floor used for Pathology).

ing of the children in the development of acceptable personal habits. On the other floor a playroom has been set aside, and also class rooms and rooms for psychological investigation and treatment. In the court outside is a small playground which has been equipped for these special patients.

A well-trained psychologist, an experienced physiotherapist, and a teacher are co-operating with the medical staff in discovering and utilizing every possible physical and mental asset of each child. A series of acute, optimistic, and educational experiments in a field where pessimism has been almost universal are being conducted. That this attitude is welcomed is proved by the fact that out of the first ten patients admitted all but three came from outside New England. At the same time, this new unit is an integral part of the Children's and Infants' Hospitals and the work is in coöperation with the other services, which simplifies all sorts of problems. The other services benefit equally from association with this highly specialized group of workers, and especially it should be pointed out that

there is, assisting in this work, a member of the Surgical Staff, who is interested primarily in neurological surgery.

The Ida C. Smith Ward was built as part of Surgical Ward II and affords twenty-eight beds for the pressing needs of infants requiring surgical and orthopedic surgical attention. A waiting room, a special treatment room, a milk room, and other appurtenances so necessary for the care of these small patients, have been provided. This ward has already greatly relieved the congestion and enables the hospital to lessen the waiting list of surgical and orthopedic surgical patients under two years of age.

On Van Dyke Street, between the Bader Building and the School of Public Health, there now stands a new four-story building which has been designed for the observation and care of patients with communicable diseases and for the routine activities in pathology, and for research, and teaching. The larger part of the basement and first floor serves as the headquarters of the Pathological Department of the Children's and Infants' Hospitals. In this new

unit there are ideal laboratories for routine and research, and also a memorial library. The rapidity of growth of this department has been surprising. In 1915, when the department was placed in charge of the Professor of Pathology at the Harvard Medical School, about forty autopsies were performed, and he, with one poorly paid technician, performed the work. Last year, there were 249 autopsies and a corresponding increase in the examination of surgical specimens. In this field a great opportunity for the advancement of knowledge regarding disease is afforded and it is but fitting that such ideal quarters have been provided where this work may be carried forward.

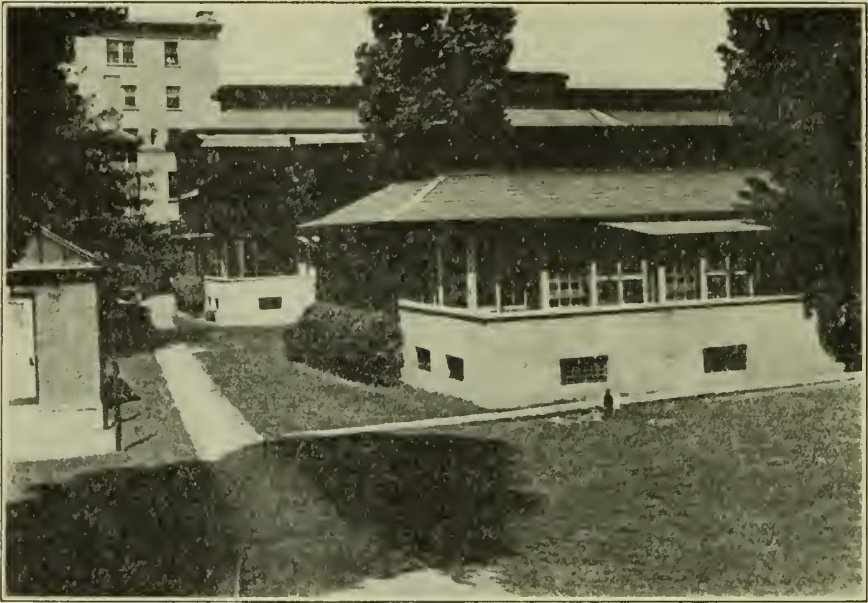
The isolation unit occupies the remainder of this new building. The initial admitting room for patients is sharply separated from the laboratories on the first floor. On the second floor there are special laboratories for the investigation of communicable diseases, a teaching room for students, roentgenological equipment, and an operating room. The administrative offices and house officers' rooms are on this floor also. The third and fourth floors are arranged for the care of patients. There are twenty-six separate rooms, each room being constructed and equipped for complete isolation of the sick child. Six rooms have separate baths. The separate isolation rooms are sufficiently large to permit, in stress of epidemic times, treatment in one room of two patients with the same disease. There are no wards or cubicles. A novel feature, essential for the modern treatment of the acute phase of the respiratory form of infantile paralysis, has been the equipment of four rooms with Drinker Respirators. The motors for these machines are placed in the pent house on the roof, thus excluding the disturbing noises when they are in use. It is expected that this pavilion will care for cases of communicable diseases arising within the hospital, and that it will afford additional facilities for the care of patients in moderate circumstances and among the well-to-do.

Within the main hospital building extensive alterations have been made. The admitting quarters for the reception of patients to the Out-Patient Department have been enlarged and the number of examining rooms for the admission of patients entering the hospital wards has been increased. The dining room for nurses has been extended and thereby enlarged. New space has been secured for the Record Room and the Administrative Offices.

The third floor of the Out-Patient wing, formerly used for a dozen different purposes, has been transformed into a compact and up-to-date Ear, Nose, and Throat unit. The operating suite has been enlarged and redecorated. There are two etherizing rooms, a sterilizing room, and appropriate storeroom and adequate closet space. There is a completely equipped laboratory, together with nurses' and doctors' dressing rooms, offices, linen closets, and utility rooms. The old gymnasium, no longer recognizable as such, has been changed into an ideal tonsil ward of fourteen beds, with every modern convenience and safeguard for the care of those children who come in for tonsillectomy. The room formerly used as a classroom for nurses, enlarged by extension over a former roof top, now appears as a permanent ward. It contains two units with individual isolation rooms, toilets, and utility rooms. The necessary kitchen is close by, with all modern equipment; and a special room affords facilities for treatment away from the ward and its occupants. An attractive waiting room, filled with books and toys, completes the suite, and provides a place for entertaining the children before their transportation to the operating room.

The Roentgenological Department has changed its long established residence from the first floor to the fourth floor of the Out-Patient wing, formerly used as the Nurses' Infirmary. Airy, roomy, and nearer the sun than most x-ray departments, it is quite literally "sitting on top of the world." The space is conveniently arranged and provided with all modern and up-to-date





View of Ward I and Ward II, one and two-story Pavilions in the Court  
behind the Administrative Building

apparatus. Two elevators, one at either end, permit ease of access for the out-patient and ward patients, and for the private patients, preventing the intermingling of large numbers of patients as was the case in the former quarters.

A much desired improvement has taken place in the arrangements made for members of the resident staff. When the hospital was moved from Huntington Avenue to its present quarters there were seven rooms for house officers. With the expanding scope of the work a larger number of assistants have been required, and it was found increasingly difficult to secure comfortable accommodations for them. At first, arrangements were made for two in a room, then a few were given private rooms in the Private Ward, finally provision had to be made for some of the doctors to reside outside the hospital. The alterations to meet the need for twenty-five house officers have recently been completed and spacious and adequate quarters have been arranged in the central wing of the administrative building, formerly occupied

by employees. On the second floor there is a large living room, a dining room, and a billiard room. The third and fourth floors have been remodeled so that each house officer has a single room, comfortably and attractively furnished. *Now all the house officers live in and the employees live out.* The Alumni Library, removed from the first floor to make room for a larger record room, provides a delightfully quiet place on the second floor, easily accessible to house officers, students, and the staff.

The Infants' Hospital, not to be outdone by its foster-brother, the Children's Hospital, has not stood still in the years intervening between 1923 and 1930. The Premature Ward has been remodeled and there has been installed an air-conditioning system whereby it is possible to maintain any desired combination of temperature and humidity. A solarium has been erected on the roof and equipped with transmitting glass and mercury vapor quartz lamps. This last year there has been a rearrangement of many of the rooms and the size of the

building has been increased. The rearrangement of the utility rooms, by bringing them closer to the wards, has eased considerably the work of the nurses. A Rest Room for Mothers has been secured and new offices have been provided for the Record Clerk and the Social Service Worker. The new addition now makes it possible to have a teaching room and a larger treatment room. A new milk room with modern appliances has been constructed in the basement.

With these additions and alterations, the Infants' and Children's Hospitals are in a position to care for children with all types of diseases from birth to twelve years of age, to carry forward the search for further knowledge, and to train doctors and nurses. Here the Pediatric division has not been divorced from the Surgical, Orthopedic Surgical, and other special branches, as has been done in many of the Pediatric clinics in this country. Departments of all branches of Medicine and Surgery relating to children exist within its walls. The unit truly constitutes a *General Hospital for*

*Children.* This is as it should be, for the pediatrician of today is the general practitioner of children, and he must be familiar not only with medical, but with surgical, orthopedic surgical, and nose and throat conditions.

In this connection, it is of interest to refer briefly to the plan followed at the two hospitals for teaching Diseases of Children to the undergraduate students of the Harvard Medical School. The course which begins the last quarter of the second year and continues throughout the third and fourth years has not been organized to make pediatricians of the medical students, but instead it has been organized in such a way as to acquaint them with the broad aspects of the subject. By way of illustration, the third-year class of medical students is divided into groups of about twenty-five students and each group is assigned to the hospitals for a period of five weeks. While there, they have the opportunity of seeing all aspects of the ailments which are peculiar to this limited age group of individuals. Medical, Surgical, Orthopedic Surgical, Nose and



The Interior of the First Floor of the Infants' Hospital, showing the Central Nurses' Station with Cubicled Wards on Either Side

Throat, in fact all branches of medicine which arise in the practice among children, are stressed during this period of instruction, instead of teaching these branches of medicine and surgery separately and at unrelated times throughout the academic year, as has been done in the past.

The hospitals are not isolated, but constitute an important unit in a large medical center. They are adjacent to the Harvard Medical School, the Peter Bent Brigham Hospital, the Carnegie Institute, and other medical institutions, thus permitting free utilization, by the students and members of the hospital staffs, of the research laboratories, libraries, and lectures conducted by the Harvard Medical School and its associated hospitals. In addition, they are directly adjacent to the Harvard School of Public Health, which utilizes the clinics and wards of the hospital for the study and teaching of child hygiene and preventive pediatrics. The director of the division of child hygiene at the School of Public Health is an assistant professor of pediatrics at the Harvard Medical School, and his associates similarly have appointments in both schools. This close relationship unifies the efforts as well as the facilities of the two schools along the lines of preventive pediatrics, and

it enables members of the staff in the School of Public Health to keep in close contact with sick children and with the progress in pediatrics. It therefore tends to keep investigations in the field of child hygiene as prominent an integral part of the activities of the department of pediatrics as investigations in other fields. Finally, the staff of the hospitals renders assistance to the Boston Lying-In Hospital by providing medical care for the sick or abnormal infants while at that hospital, and by making a physical examination on the babies before their discharge from the public wards. The care and feeding of normal infants during their stay at the hospital remains the responsibility of the obstetrical staff.

Those responsible for the Children's and Infants' Hospitals fully realize that adequate teaching and productive research increase generously the value of the hospitals to the welfare of the children at large. The more doctors and nurses who can be trained and who then go to other communities, the more will be the children who, though they have never entered the doors of the hospitals, will indirectly benefit from the teaching and research activities which are being carried on at the hospitals.

## Medical Alumni in Connecticut

*By John A. Wentworth, M.D.*

THERE are 2,165 physicians in Connecticut, of whom 116 are graduates of Harvard. The oldest alumnus, Dr. J. B. Kent, is 91; the youngest is 27; and the average of all registered is 44 years. By decade grouping, 11 per cent. are under 30 years, 47 per cent. between 30 and 40 years, 20 per cent. between 40 and 50 years, 7 per cent. each between 50 and 60, 60 and 70, and 70 and 80 years, one graduate is over 80 years, and one is over 90 years. Dr. J. B. Kent received his diploma in 1867, while the average graduation date of our alumni is 1917.

According to the 1930 Proceedings of the Connecticut Medical Society, 62 of the 90 members of this society held college degrees, with 7 taking degrees from Harvard, 8 from Yale, 5 each from Bowdoin and Wesleyan, and 39 from what we consider a small college. Since 1900 all graduates have had two or more years of college work, and more recent statistics show that 18 per cent. had collegiate training at Harvard.

The average age at graduation of all alumni, who received degrees after the collegiate requirements for entrance were in-



stituted, is 26½ years. The majority have served or are serving an internship of 1 to 1½ years, and very many more have taken further hospital positions in special residential posts. As a result, 3 years after receiving his diploma the graduate has taken his state board license, and begun practice. However, many of the earliest graduates, when internships were the exception, served their hospital period and augmented it with post-graduate study abroad.

For the past five years our graduates have, with almost no exceptions, taken the National Board Examinations for license and have received reciprocity with the local state board. Many of the men who have settled in Connecticut were reared in other states and before coming have passed their home state board and were members of these state societies. Ten individuals, after spending several years in practise elsewhere, have settled here in middle life for insurance work and public health work.

The great mass has settled in cities of which Hartford has 51 graduates; New Haven, 24; Waterbury, 7; New London, Bridgeport, and New Britain, 1 each; Meriden, 3; Middletown, Greenwich, Norwich, Stamford, and Windsor, 2 each; So. Norwalk, Wallingford, Plainfield, So. Manchester, Windsor Locks, Storrs, Thompsonville, Cheshire, Danielson, Pine Orchard, Gales Ferry, Hazardville, and Greenfield Hill, 1 each. Those really practising rural medicine are almost *nil*.

Sixty-seven confine their work to a specialty, 3 are retired, 5 are interns, 5 occupy residential and teaching positions, 36 are engaged in general medicine. Internal Medicine has 16; General Surgery, 11; Pediatrics, 8; Obstetrics and Gynecology, 7; Neuro-psychiatry, 5; Insurance, 4; Radiology, 3; Orthopedics, 2; Urology, 2; Pathology, 2; Eye, Ear, Nose, and Throat, 2; Dermatology, 1; Neuro-surgery, 1; Proctology, 1; Physiology, 1; and Navy, 1.

The vast number of our alumni are connected with the leading hospitals, dispensaries, and institutions, in important attending and visiting positions, with 17 chiefs-

of-service. Practically all take an active part as members of their city and county societies, and 90 are members of the Connecticut State Medical Society. Only 57 however, are members of the American Medical Association and subscribe to the journal of this association. Twenty-nine per cent. belong to 49 special societies, which include 12 fellows of the American College of Surgeons, 6 fellows of the American College of Physicians, 7 members of the New England Pediatric Society, 4 members of the New England Society of Psychiatry, 4 affiliations with the American Psychiatric Association, 3 members of the American Society for Clinical Investigation, 2 memberships in the Association of American Physicians, 2 of the New England Gynecological and Obstetrical Society, and individual membership in the Radiological Society of North America, American Proctologic Society, New England Dermatological Society, American Psychopathological Association, American Association of Pathologists and Bacteriologists, American Society for Experimental Pathology, Society of American Bacteriologists, and American Society of Clinical Pathologists. One graduate is a member of six of these special societies. A small number of our alumni are active contributors to our medical journals.

Since the war, there has taken place a complete reorganization and a phenomenal development of the Yale Medical School and Harvard graduates have played no small part in this. No less than twelve of our men are occupying important professional positions, including Dr. Francis G. Blake, '13, Sterling Professor of Medicine and Physician-in-Chief to the New Haven Hospital; Dr. John F. Fulton, Jr., '27, Sterling Professor of Physiology; Dr. Wilder Tileston, '99, Clinical Professor of Medicine; Dr. Donald W. Porter, '12, Clinical Professor of Pediatrics; and nine or more important assistant-professorships and instructorships in various departments of the medical school. In passing it might be mentioned that graduates of other

schools who now hold senior positions in this school had a large part of their preliminary training in the laboratories of our medical school and its affiliated hospitals, as for example, Dr. Samuel C. Harvey, Professor of Surgery, including head of the department, and surgeon-in-chief to the New Haven Hospital. Accordingly, there is an extremely cordial and friendly feeling between Yale Medical School and Harvard alumni. In Yale University, Dr. Orville F. Rogers, '12, is holding an important position and doing it well. Dr. Stanley H. Osborn, Tufts '13, C. P. H., Harvard-Technology, has reflected credit as Commissioner of Health.

There are many things which attract Harvard graduates to Connecticut. There are extraordinary opportunities at the Yale Medical School and the affiliated New Haven Hospital; attractive rotating internships in large general hospitals of high standing, as the Hartford Hospital with over 700 beds, a new convalescent hospital and a tuberculous sanatorium, the St. Francis Hospital with 600 beds, and similar though smaller rotating services in such cities as Waterbury, Bridgeport, and Meriden; insurance work; and the great accessibility to leading medical centers and cities. For twenty-five years numerous graduates, 31 or 27 per cent. of all our Connecticut alumni, have been interning at the Hartford Hospital. They have come well trained, almost without exception they have made creditable showing, and they have been pleased with their hospital opportunities and the chances for practice nearby. A mutual good feeling between these men and the hospital and medical community has taken place so that the hospital authorities have been desirous of getting more Harvard men, and the young Harvard interne has induced his friends to follow him. The morale and standards of medical practice in and about Hartford, for example, are high, the spirit is friendly, and the young graduates have been made to feel at home and happy. Consequently when they finish their internship, the majority wish to locate

in or near Hartford. Some begin general practice at once, while a considerable percentage go elsewhere for special training and then return to Hartford. A fair number have located temporarily or permanently in nearby small towns where there has been a real need for a doctor. At once they have a lucrative practice and get on their feet financially. It is old fashioned general practice, they are obliged to work hard, but it is a splendid experience and the financial return is considerable. In such communities these men have advanced medical standards strikingly, they have improved hospital conditions, instituted modern health methods, interested and instructed the people about health and preventive measures, and taken a real part in the community life. It has been a mutual benefit to community and physician.

In local, county, and state medical meetings, to say nothing of the post-graduate clinical congresses each year in New Haven, our Connecticut alumni have kept in contact with the school, their old school-mates, and teachers by bringing the attention of our medical public to their good work. They have invited outstanding teachers, alumni, and friends to meet personally these groups, to address these gatherings, to conduct clinics and informal round table discussions, and to do anything they could do to improve the standard of medical practice and conditions of health in the state. As a result, the name and reputation of the Harvard Medical School and its individual faculty members have been appreciated and respected increasingly. Our practitioners have been helped, they have had an opportunity to discuss and consult on many perplexing problems, and to become acquainted personally with our teachers; the latter have gone into the field where they can see our doctors at home in their own communities, can evaluate the work done, determine its strong and weak points, learn the true opportunities for training and practice for on-coming graduates, and become interested in a larger and more non-Harvard group of practitioners.



Our older alumni have ever been mindful of placing an increasing number of our young alumni in our better hospitals for internship and in the surrounding communities for practice, and they have sought to encourage and to develop our promising men for leadership in the various accepted specialties and little cultivated fields in hospitals and private practice, knowing that from this there will be a reciprocal good derived for all.

As we grow older and more mature, and our contact with and appreciation of other medical centers and groups increase, we see the advantage of having our Connecticut practitioners represent a cross-section of the best medical institutions of the East and Middle West. However, our alumni loyalty, contact, and support go to Harvard increasingly as she maintains the extraordinarily high position in teaching the art and science of medical practice, the productive clinical investigation, and the pioneer work in the basic branches of medicine and its allied subjects.

There is a healthy increase in the number of our graduates in the state, especially about Hartford and New Haven and nearby communities. Here graduates are playing an increasingly important part in local medicine. They are able representatives of the school, proud of its past traditions, and anxious to contribute what they can to its further advancement.

#### DR. HANS ZINSSER TO SPEAK

Dr. Hans Zinsser, Professor of Bacteriology and Immunology, will speak on Friday, December 11 at 8 P. M. in the auditorium of the Beth Israel Hospital, Boston. His subject will be "The Lesson to be Derived for Education in General from Recent Changes in Medical Education." This is one of a group of lectures given once a month under the auspices of the William Harvey Society, which was founded by the students of Tufts College Medical School to further the interest in the art of medicine.

#### CELEBRATION FOR DR. CANNON

On the afternoon and evening of October fifteenth a meeting was held at the Harvard Medical School to celebrate Dr. Cannon's twenty-fifth anniversary as Professor in Harvard University. At the meeting Dr. Edsall introduced the speakers. Dr. Walter C. Alvarez of the Mayo Clinic spoke on the influence of Dr. Cannon's work on clinical medicine. The second speaker was Dr. William H. Howell of Johns Hopkins School of Hygiene, who outlined Dr. Cannon's major contributions to physiology during the last twenty-five years.

In the evening a dinner, attended by about two hundred former pupils and associates of Dr. Cannon, was held in Vanderbilt Hall. President Lowell presided with his usual inimitable perfection. Dr. Graham Lusk, Professor of Physiology at Cornell University, gave a talk on the "Life of a Professor," illuminating it with many interesting anecdotes. Dr. Cecil K. Drinker formally presented to the University the portrait of Dr. Cannon to which nearly three hundred men had subscribed. The portrait was painted by Mrs. Calvin Page and pictures Dr. Cannon in his element—in his working clothes. As Dr. Drinker remarked, perhaps the laboratory coat is a little more respectable than the one we generally associate with Dr. Cannon, but we must make some allowances.

President Lowell accepted the portrait for the University and Dr. Cannon expressed his appreciation with moving sincerity. The meeting was a most impressive tribute to a very great and a much beloved man.

It is fortunate that the speeches on this important occasion have been preserved and are being published, together with a reproduction of the portrait, by the Harvard University Press. This book is highly recommended to those who were unable to attend the meeting and to the many who desire a permanent record of the significance of Dr. Cannon to our generation.

DR. JAMES M. FAULKNER.

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### The Laboratory and the Clinic.

The fundamental sciences have made tremendous contributions to the advance in medical practice during the last twenty-five years. Further progress must depend in large measure upon added knowledge in physiology, biochemistry, and physics. Clinical observations to be sure must continue to be painstaking and accurate, and judgment and common sense are still indispensable factors in the competent doctor's equipment, but there is an increasing dependence upon the laboratory for new information and for data which is necessary for the diagnosis and treatment of individuals, both sick and well.

In summarizing some of the laboratory aspects of the recent White House Conference on Child Health and Protection, Dr. Carlson, Professor of Physiology at the University of Chicago, said, "Intelligent advance in one line depends upon the available knowledge secured in all the others." Clinical advance is likewise dependent upon the availability of this knowledge. No one would argue that our knowledge is com-

plete. In fact, the gaps are great and the need for more research is too evident to need comment, but there is an equally great need for the practitioners of medicine to become informed on what is already known and be able to apply the established facts in the daily contacts with their patients.

It was inevitable that the clinician and laboratory worker should have been absorbed each in his own problems and the association of each should have developed more and more with those working in closely related fields. It would be unfortunate, however, if this separation of the medical profession into dissociated groups were allowed to continue or to progress to a further degree. The clinician needs the facts about the human body which the laboratory worker possesses, and he needs also to be reminded constantly of the importance of the scientific and critical spirit required in the interpretation of these facts. Perhaps the clinician could bring to the investigator a new sense of the practical implications of the results of his labors and furnish an added stimulus toward an endeavor to solve still more of the vexing problems with which the physician is confronted daily in the practice of his profession.

Too often the results of laboratory study have been published in special journals and discussed only within a group of workers in similar fields. The practical usefulness of these discoveries has been lost in considerable measure or long delayed in reaching the great mass of practising physicians. One need only consider the revolution in the conception of the whole subject of nutrition to appreciate what has been accomplished by the coöperation of the laboratory worker and the practitioner in a field where contact has been more intimate than in almost any other. May we not look forward to the time when conferences, formal and informal, between the two groups of phy-

sicians laboring in different fields of medicine, the laboratory and the bedside, may be more frequent? Certainly if the practitioner would discuss his problems with the investigator as he now consults with his colleague in practice, both he and his patients would profit.

Perhaps no better illustration of the value of the close coöperation between the laboratory and the clinic can be furnished than by the work of our own Dr. Cannon. Dr. Graham Lusk, at the celebration in honor of Dr. Cannon's twenty-fifth year as a Professor, recalled having seen Cannon as a first-year medical student in 1897 demonstrating by means of the newly discovered Roentgen rays, the passage of a pellet of cornmeal mush, mixed with bismuth, down the neck of a trained goose. The importance of his early observations on the movements of the alimentary canal both to clinical gastro-enterology and to Roentgenology can hardly be overestimated. Because Dr. Cannon has never allowed himself to be completely absorbed in purely "laboratory" problems, but has always maintained a keen interest in the clinic, he has been a tremendous stimulus to progressive medicine in this country. Not only have his own contributions added greatly to our knowledge, but he has accustomed clinicians to think in terms of physiology. His explanation of the mechanism of traumatic shock has furnished surgeons with a rational basis for the prevention and treatment of this dreaded condition. His studies of the activity of the endocrine glands and their relation to emotional states have been a beacon light to psychologists groping in the mists of psychoanalysis.

To American medicine Dr. Cannon has been the first great Consultant in Physiology. He has done much to bridge the difficult gap between the laboratory and the clinic. His example furnishes a precedent for us all to follow.

#### Student Employment.

Harvard Medical School faces a serious situation. There is danger that many students of promise will be obliged to resign this year because of financial difficulties. The Student Employment Bureau does not solicit your financial aid, although this would not be refused, but it asks you to consider how you may employ students. Students are ready and eager to work, but the opportunities are few.

We ask the doctors of Boston to communicate with the Medical School if the need arises for temporary or permanent assistance in laboratory work, for a companion to a patient, or for a switchboard operator during the night. Let us suggest that students will serve as tutor companions, they will drive cars, or assist at social functions. They will gladly perform such tasks as these for money, room, or board. The David L. Edsall Fund, from which the maximum yearly loan to any one student is \$400, could meet but 60 per cent. of the requests presented this year. This fact is indicative of the pressing need which faces students.

Doctors throughout the country are requested to let us recommend students from their section for summer positions in offices, homes, or hospitals.

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The Treasurer's Appeal.

The appeals for subscriptions for the academic year 1931-1932 have already started in circulation and we find ourselves still in the much talked of depression. The treasurer is conscious of the present situation in doctors' collections but earnestly urges that loyal alumni will think twice before deciding to cut down their usual subscriptions. The entire income of your association is derived from the alumni and we look forward to a lean year or even a deficit, unless the usual alumni support is given to the association. We ask for your voluntary and loyal help for another year.



## CHARLES ALLEN PORTER

1866-1931

Charles Allen Porter—surgeon, educator, friend—died on the 3d of July, 1931, and by his death there is removed from the medical profession of Boston one of its most outstanding members.

Born in Cambridge in 1866, the son of Dr. Charles Burnham Porter and Harriet Ann (Allen), he entered Harvard College, whence after a noteworthy record in athletics as well as in studies he received the A.B. degree with the class of 1888. This was followed by the Harvard Medical School in which he was a member of the class of 1892. The following year he began his career as a member of the surgical staff of the Massachusetts General Hospital and at the same time was appointed an instructor of anatomy in the Harvard Medical School. The year 1897-98 was spent in Vienna where he interested himself mostly in pathology and surgery. Returning to Boston he served the Harvard Medical School successively as instructor in surgery from 1899 to 1909; assistant professor of surgery, 1909-1913; associate professor of surgery, 1913-1916; clinical professor of surgery 1916 to 1918, when he was advanced to the John Homans Professorship of Surgery. This chair he held until 1927 when he became *Emeritus* Professor. At the Massachusetts General Hospital Dr. Porter advanced through the successive grades of seniority until at the retiring age he had become surgeon-in-chief. After this he was retained on the staff as consulting surgeon.

During the World War in 1915 Dr. Porter, as a Lieutenant Colonel in the British Army Medical Corps, was stationed with the First Harvard Unit at Camiers and Bologne. Fifty years before this his father was on similar service at the Armory Square Hospital in Washington, D. C., during the Civil War.

Such in brief is the chronology of his life, but what a wealth of energy, kindness, and service to his fellow man is comprised therein! He was of a most buoyant spirit,

always thoroughly interested in the subject at hand, with an energy which seemed inexhaustible. It has been said that "courage and intelligence are the two qualities most worth a good man's cultivation." It is to be doubted that "Allie" Porter needed at any time to cultivate either of these attributes, for they were his in the fullest measure and from his earliest days. So too the handicraft part of surgery he must have come by, with very little exertion on his part, as an inherited trait handed down from eight generations of physicians and surgeons, his forebears. Whether as a boy engrossed in taxidermy, as a young man in the dissecting room, or in later years as a surgeon in the operating theatre, his manual dexterity was plain to all. This, combined with an unusually quick reaction-time, and backed by a fund of surgical knowledge and versatility, made a surgical operation done by him stand out as a brilliant performance carefully and deftly executed for the relief of suffering. Such qualities often led to his aid being sought in obscure and desperate cases, for it was one of his firm convictions that no matter how dark the outlook, if there were any conceivable chance of aid from a surgical operation his duty was to offer such aid. A possible fatality as it might affect his own reputation mattered not a whit; indeed such personal considerations were so far beneath the plane of his endeavor as to be quite without significance. And many was the occasion when his bold daring was rewarded by victory. Then was evident no boasting or self-laudation;—but those nearest him could easily see in the smile or the handclasp his deep satisfaction in having brought matters to a successful end.

Among his colleagues on the hospital staff his opinion in consultation was valued among the highest. Many a youngster, or even older member, will recall with gratitude some suggestion made by Dr. Porter as regarded diagnosis or treatment in a baffling case, which either solved the riddle or at least was most helpful. It was indeed a desperate situation for which the versatile

Porter did not have at least some hint as to treatment, although before he had been asked to see the patient it had seemed that everything humanly possible had been thought of and tried by those already in attendance.

As a teacher of surgery Dr. Porter was admired and loved by all his students. His engaging personality, coupled with his many-sided knowledge of disease and of human nature, made each succeeding clinic eagerly awaited by the class. Though often too engrossed during an operation to pay any attention to the audience, in the clinic his radiant personality found its full opportunity. With rapid, forceful diction, and with an earnestness which carried his listener along, even in spite of himself, the ailment and its accepted treatment were outlined so as not easily to be forgotten. And always too, the patient was left with a strong impression that after all it might not be such a terrible misfortune to be ill; especially since he was so fortunate as to have found a surgeon to care for him who inspired implicit confidence, and who without a doubt knew how to make him well again.

Words are inadequate vehicles by which to convey the feelings of those who would try to describe Allie Porter the friend; for once he had accepted one as his friend the bond was never loosed even for an instant. He was loyal, with a loyalty that contained within itself devotion, generosity, and unending thoughtfulness. And however much his friends enjoyed him and loved him—he too with a most charming catholicity enjoyed and found deep interest in them as he went cheerfully and usefully through life.

—A spirit goes out of the man who means execution, which outlives the most untimely ending. All who have meant good work with their whole hearts, have done good work, although they may die before they have the time to sign it. Every heart that has beat strong and cheerfully has left a hopeful impulse behind it in the world, and bettered the tradition of mankind. . . . *Aes Triplex*. [R. L. STEVENSON.]

DR. WILLIAM C. QUINBY.

## FACULTY APPOINTMENTS

The department of Anatomy has been reorganized with the appointment of three full professors of anatomy. Dr. Frederic T. Lewis, formerly Associate Professor of Embryology, has been appointed to the James Stillman Professorship of Anatomy, a chair last occupied by Charles Sedgwick Minot (1905-1914). Dr. J. Lewis Bremer, formerly Associate Professor of Histology, is now the Hersey Professor of Anatomy, a position last held by Edward Laurens Mark (1885-1921.)

Dr. George Wislocki has come from Johns Hopkins to become the Parkman Professor of Anatomy. The late Thomas Dwight held this position from 1883 to 1911. Dr. Wislocki graduated from Washington University (St. Louis) in 1912 and from Johns Hopkins Medical School in 1916. He was an assistant in anatomy in that school during the following year and served in the United States Medical Corps during 1918. From 1918 to 1920 he was the Cabot Fellow in charge of the laboratory for surgical research at Harvard Medical School. He then returned to the anatomic department at Johns Hopkins and was appointed an associate professor in 1923. His chief interest has been in anatomic and physiologic research concerning reproduction and he has published a number of papers in this field.

Dr. David M. Rioch (Johns Hopkins 1924) has also come to Harvard from Johns Hopkins as an associate professor of anatomy in charge of neurology. Harold L. Weatherford, Ph.D., has been advanced from instructor in anatomy to associate professor in anatomy.

## THE CARE OF THE PATIENT

Two lectures on "The Care of the Patient" were given recently in Amphitheatre C. The speakers were Dr. Gerald B. Webb of Colorado Springs, who talked on "The Prescription of Literature," on October 21, and Dr. Stewart R. Roberts of Atlanta, Ga., who lectured on October 28 on "The Art of Human Nature."



## TREASURER'S STATEMENT

## ACTUAL RECEIPTS SEPT. 1, 1930-SEPT. 15, 1931.

	Sept. 1-Apr. 13*	Apr. 13-Sept. 15	Total Receipts
1930-1931 Appeals	\$3,046.10	\$195.00	\$3,241.10
Advertising	575.00		575.00
Receipts—Annual Meeting		2,505.00	2,505.00
Bank Interest	9.45	8.00	17.45
	<hr/>	<hr/>	<hr/>
	\$3,630.55	\$2,708.00	\$6,338.55

## ACTUAL EXPENDITURES SEPT. 1, 1930-SEPT. 15, 1931.

	Sept. 1-Apr. 13*	Apr. 13-Sept. 15	Total Expenditures
Cost of Bulletin	\$1,225.85	\$577.13	\$1,802.98
Cost of Appeals	345.67		345.67
Cost of Annual Meeting	128.49	2,684.07	2,812.56
Secretary's Wages	518.75	300.00	818.75
Incidentals	40.27		40.27
Student Sickness Support	194.30	130.26	324.56
Commencement Fee		100.00	100.00
Bank Charges	.40	.25	.65
	<hr/>	<hr/>	<hr/>
	\$2,453.73	\$3,791.71	\$6,245.44

\* Indicates figures printed in June issue of Bulletin.

Bank Balance—Sept. 1, 1930	\$467.48	
Total Receipts Sept. 1, 1930-Sept. 15, 1931	<hr/> 6,338.55	\$6,806.03
Total Expenditures Sept. 1, 1930-Sept. 15, 1931		<hr/> 6,245.44
Bank Balance, Sept. 15, 1931		\$560.59

## TREASURER'S REPORT

The interim report in the last issue of the BULLETIN estimated a probable deficit after all expenditures. However, there happens to a silver lining to that dark cloud, and the bank balance after the payment of all expenses amounted to \$560.69.

The large annual meeting cost your association \$307.56 over and above the registration receipts. Fortunately, however, this did not produce any undue strain on the exchequer. The apparent success of the meeting itself was well worth this price to your association.

Respectfully submitted,  
AUGUSTUS THORNDIKE, JR., *Treasurer*

## STUDENT SICKNESS FUND

The call on the Student Sickness Fund amounted to \$324.56 and it was indeed noteworthy that it covered the sickness costs of all needy students this past year. One year's operation, however, tells us very little as to what the average annual cost to your association will be, but your treasurer hopes that the full amount pledged for this fund will not have to be drawn in any one year. Such a situation at the present time would cause a deficit. If called on to the limit, we shall have to ask for more money from our subscribers. We ask loyal support. Any subscription from one dollar up will be most gratefully accepted.

